I024295

Bayer CropScience

July 31, 2012

Document Processing Desk 6(a)(2)
Office of Pesticide Programs (7504P)
U. S. Environmental Protection Agency
Room S-4900, One Potomac Yard
2777 South Crystal Drive
Arlington, VA 22202-4501

RE: 6(a)(2) Incidents Accumulated for the Month of June 2012

Dear Sir/Madam:

Bayer CropScience
RTP
P. O. Box 12014
RTP, NC 27709
Tel. 919 549-2000

Reportable incidents accumulated for the month of June 2012 for Bayer CropScience and Bayer Environmental Science are attached.

The information with this letter is being submitted to the EPA pursuant to the Agency's interpretation of requirements imposed on registrants by Section 6(a)(2) of FIFRA. This information does not necessarily constitute additional factual information regarding unreasonable adverse effects within the meaning of 6(a)(2). It is being submitted to enable the Agency to make its own assessment of the information.

If you have questions or concerns, please do not hesitate to contact me at any time.

Sincerely,

S. Gerret Van Duyn

Gerret Van Duyn
Compliance Manager
State Regulatory and Documentation Services
919-549-2914

CC: AE Coordinator, CA Department of Pesticide Regulation
Jeanine Broughel, NY Department of Environmental Conservation

/attachment

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area

Row 1 Administrative Data	Reporter Name [redacted]	Submission date. ***7/31/2012***	Contact person (if different than reporter)	Internal ID ***994214***
	Address [redacted]		Address Phone #	
	Incident Status: ***New***	Location and date of incident ***Pahrump, NV*** ***USA*** ***05/30/2012***	Date registrant became aware of incident. ***06/20/2012***	Was incident part of larger study? ***No***
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1) ***72155-80***	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s) ***Beta-Cyfluthrin, sodium o-phenylphenate***	A.I. (s)	A.I. (s)	
	Product 1 name ***Home Pest plus Germ Killer Indoor & Outdoor Killer RTU (1 Gal)***	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? ***No***	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? ***No*** Intentional misuse? ***No***	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). ***Own Residence***	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). ***See Incident Description Notes***	
	Applicator certified? ***UNK***			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) ***See Incident Description Notes***			

Brief description of incident circumstances.

Keyler, Courtney Jun 20 2012 4:49PM
warm transfer

Hx: Caller states he used product 3 weeks ago. He states the sprayer on the bottle did not spray so he connected his own sprayer. In doing so, the spray connector ruptured from the bottle and mixture got all over him. Caller took a shower immediately and washed contaminated clothing. Caller was asx after the exposure that day. That same weekend, caller was bitten by a dog and possibly a spider. 1 week later, caller developed numbness in his hands, legs, feet, stomach, chest and back. Caller went to chiropractor 6/18/12 and got adjusted to see if that was cause, caller still feels sxs. Caller has not consulted with MD as he is getting his medical card this Friday 6/22/12.

A: Product has a wide margin of safety though may be irritating if left on the skin for a prolonged period of time. Product may be irritating but systemic toxicity is not expected. Agreed with washing the skin and clothes to remove product. We would not expect significant delayed effects to develop. May need to consider other causes as previously discussed. Rec to consult with MD as soon as you can. Provided case # and callback #. Have MD call if they have any questions. If you have any other questions or concerns please callback 24/7.

Attempted callback to retrieve lot #. Left VM with case # and callback #
****
Keyler, Courtney Jun 21 2012 5:05PM
CB: Caller calling back with LOT #

A: Updated case notes
****
LeMaster, Steve Jun 22 2012 8:05AM
notified client

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Demographic information: Age: ***58 Year(s)*** Sex: ***Female*** Occupation (if relevant) ***NA***	Exposure route: ***Dermal***	Was adverse effect result of suicide/homicide or attempted suicide/homicide? ***No***	Was protective clothing worn (specify)? ***None Reported***
If female, pregnant? ***NO***	Was exposure occupational? ***Not indicated*** If yes, days lost due to illness: ***NA***	Time between exposure and onset of symptoms: ***1 week or less***	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). ***Private MD/DVM-treated & released***	List signs/symptoms/adverse effects ***Neurological-Numbness***		If lab tests were performed, list test names and results (If available, submit reports) ***None Reported***
Exposure data: ***NA*** Amount of pesticide: ***NA*** Exposure duration: ***Acute < 8hrs*** Patient weight: ***Unknown***			
Human severity category: ***HC***			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #
994214